

Date 2/7/17

FOR OGCC USE ONLY

FORM  
21  
Rev 3/13

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State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

## MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the  
Attachment Checklist

OGCC Operator Number: 10548	Contact Name and Telephone Terry Pape	<table border="1"> <thead> <tr> <th></th> <th>Oper</th> <th>OGCC</th> </tr> </thead> <tbody> <tr> <td>Pressure Chart</td> <td></td> <td></td> </tr> <tr> <td>Cement Bond Log</td> <td></td> <td></td> </tr> <tr> <td>Tracer Survey</td> <td></td> <td></td> </tr> <tr> <td>Temperature Survey</td> <td></td> <td></td> </tr> <tr> <td>Other Report 1</td> <td></td> <td></td> </tr> <tr> <td>Other Report 2</td> <td></td> <td></td> </tr> </tbody> </table>		Oper	OGCC	Pressure Chart			Cement Bond Log			Tracer Survey			Temperature Survey			Other Report 1			Other Report 2		
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Pressure Chart																							
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Tracer Survey																							
Temperature Survey																							
Other Report 1																							
Other Report 2																							
Name of Operator: HRM Resources II, LLC	No: (970) 768-5700																						
Address: 410 17th Street, Suite 1600	Email: tpape@hmrres.com																						
City: Denver State: CO Zip: 80202																							
API Number: 05-123-16623 Field Name: Waite Lake Field Number: 90530																							
Well Name: State Number: 2-12																							
Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE Sec 12-T3N-R62W, 6th PM																							

☒ SHUT-IN PRODUCTION WELL
 ☐ INJECTION WELL

Facility No.:

## Part I. Pressure Test

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> 5-Year UIC Test         | <input checked="" type="checkbox"/> Test to Maintain SI/TA Status | <input type="checkbox"/> Reset Packer |
| <input type="checkbox"/> Verification of Repairs | <input type="checkbox"/> Tubing/Packer Leak                       | <input type="checkbox"/> Casing Leak  |
| <input type="checkbox"/> Other (Describe):       |   |                                       |

Log # 685502024

Describe Repairs:

NA - Not Applicable	Wellbore Data at Time of Test		Casing Test <input checked="" type="checkbox"/> NA	
Injection/Producing Zone(s) D Sand	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug	
	6608-6612'		Bridge Plug or Cement Plug Depth	
Tubing Casing/Annulus Test <input type="checkbox"/> NA				
Tubing Size: 2 3/8"	Tubing Depth: 6555'	Top Packer Depth: 6561'	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure
Starting Casing Test Pressure 500	Casing Pressure - 5 Min. 480	Casing Pressure - 10 Min. 460	Final Casing Pressure 460	Pressure Loss or Gain During Test -40
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): H. Montoya		

## Part II. Wellbore Channel Test

Complete only if well is or will be an injection well.

Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tracer Survey | <input type="checkbox"/> CBL or Equivalent | <input type="checkbox"/> Temperature Survey |
| Run Date:                              | Run Date:                                  | Run Date:                                   |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Terry Pape

Signed: *Terry Pape* Title: VP Operations

Date: 2-15-17

OGCC Approval:

Title:

Date:

Conditions of Approval, if any:

 witness  
*H. Montoya*